FILED
Mar 05, 2003 8:00 am
Secretary of State
03-05-2003 90035 020 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049707

1. Entity Name
WENDELL PHILLIPS CO.

Principal Place of Business	Mailing Address
512 SE 21ST AVE BOYNTON BEACH, FL 33435	512 SE 21ST AVE BOYNTON BEACH, FL 33435

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1969 LANTANA RD.	1969 LANTANA RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LANTANA, FL	City & State: LANTANA, FL
Zip: 33462 Country: U.S.	Zip: 33462 Country: U.S.

4. FEI Number: 65-0592538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRICK, BOB
512 SE 21ST AVE
BOYNTON BEACH, FL 33435

7. Name and Address of New Registered Agent

Name: BOB HERRICK
Street Address (P.O. Box Number is Not Acceptable): 1969 LANTANA RD.
City: LANTANA FL Zip Code: 33462

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Bob Herrick 3-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD HERRICK, BOB 512 SE 21ST AVE BOYNTON BEACH, FL 33435	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD HERRICK, BOB 1969 LANTANA RD. LANTANA, FL 33462	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bob Herrick 3-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #